



TRICARE
MANAGEMENT ACTIVITY
PDR

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

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**CHANGE 71
OCHAMPUS 6010.50-M
SEPTEMBER 3, 1998**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL**

**THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS
MANUAL 6010.50-M, REISSUED JULY 1992:**

PAGE CHANGE(S): CHAPTERS 2, 5, 6 AND 9.

REMOVE AND INSERT ATTACHED REPLACEMENT /ADDED PAGE(S):

SUMMARY OF CHANGE(S): THIS CHANGE PROVIDES THE PROCEDURES FOR PROCESSING TRICARE
PRIME REMOTE ENROLLMENTS IN REGIONS 1, 2 AND 5 ONLY. THIS CHANGE IS ISSUED IN
CONJUNCTION WITH OPERATIONS MANUAL CHANGE NO. 120.

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Sheila H. Sparkman
Director, Program Development and Evaluation

**ATTACHMENT(S): 32 PAGE(S)
DISTRIBUTION: 6010.50-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

CHANGE NO: 71
OCHAMPUS 6010.50-M
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REMOVE PAGE(S)

CHAPTER 2

2.VI-1 THROUGH 2.VI-18

CHAPTER 5

5.II-9 & 5.II-10

5.V-3 & 5.V-4

CHAPTER 6

6.II-7 & 6.II-8

6.II-11 & 6.II-12

6.V-13 & 6.V-14

CHAPTER 9

9.II-7 THROUGH 9.II-9

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2.VI-1 THROUGH 2.VI-19

5.II-9 & 5.II-10

5.V-3 & 5.V-4

6.II-7 & 6.II-8

6.II-11 & 6.II-12

6.V-13 & 6.V-14

9.II-7 THROUGH 9.II-9

Data Requirements

VI. INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS ("M - O")

Data Element Definition

Element Name: Major Diagnostic Category

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-200	1	Yes
Non-Institutional	2-205	1	Yes

Primary Picture (Format) Two (2) alphanumeric characters

Definition The Major Diagnostic Category for which an NAS was issued.

Code/Value Specifications Submit in same format as DEERS response

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

¹ Download from DEERS; if not applicable report blanks

Data Element Definition

Element Name: **PCM LOCATION DMIS-ID**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-205	1	No
Non-Institutional	2-211	1	No

Primary Picture (Format) Four (4) alphanumeric characters.¹

Notes and Special Instructions:

- ¹ Required entry for all Prime enrollees, excluding TRICARE Prime Remote enrollees. This field is relationally edited with Enrollment Status Code Values "U" and "Z". If the Enrollment Status Code "U" or "Z" is reported to indicate a Prime enrollee, the PCM Location DMIS-ID must be populated as stated above in the Definition paragraph. Conversely, if the PCM Location DMIS-ID is BLANK, Enrollment Status Code "U" or "Z" must not be reported.
- ² At enrollment into Prime, the MCS contractors upload DEERS with a "PCM Location Code" value "00" for MTF/Clinics PCMs or "01" for network PCMs. The MCS Contractors then download these codes at claims processing time and report them on HCSRs as "U" or "Z", accordingly.
- ³ If the beneficiary is not enrolled in Prime, the PCM Location DMIS-ID must be BLANK and Enrollment Status Code "U" or "Z" must not be reported.
- ⁴ The PCM Location DMIS-ID should be the same value as the "Enrollment DMIS-ID" on DEERS.
- ⁵ For active duty service member TRICARE Prime Remote enrollees in Regions 1, 2, and 5 only, the Enrollment Status Code will be "W". The PCM Location DMIS-ID will be 8XXX.
- ⁶ Active duty family members, nonactive duty family members, and retirees living either inside or outside the catchment area (TRICARE Prime Remote or non-TPR) in Regions 1, 2, and 5, will be reported on the HCSR with an Enrollment Status Code "U" and DMIS-ID 8XXX.

Data Requirements

Chapter

2

Data Element Definition

Element Name: PCM LOCATION DMIS-ID (Continued)

- Definition**
1. This code applies only to TRICARE Prime enrollees. If the beneficiary is NOT enrolled in Prime, this code must be BLANK. The PCM Location DMIS-ID is the DMIS-ID where the Prime enrollee's primary care manager (PCM) is located. If the PCM is located at an MTF/Clinic (Enrollment Status Code "Z" or "BB"), this code will be the DMIS-ID of the specific MTF/Clinic. Whereas, if the PCM is located within the MCS contractor network (Enrollment Status Code "U"), this code will be a 6900 series. DMIS-ID relating to the appropriate region, i.e., DMIS-ID 6906 identifies region "06"; DMIS-ID 6911 identifies region "11".
 2. If this is a TRICARE Senior then the contractor shall report the DMIS-ID.

Notes and Special Instructions:

- ¹ Required entry for all Prime enrollees, excluding TRICARE Prime Remote enrollees. This field is relationally edited with Enrollment Status Code Values "U" and "Z". If the Enrollment Status Code "U" or "Z" is reported to indicate a Prime enrollee, the PCM Location DMIS-ID must be populated as stated above in the Definition paragraph. Conversely, if the PCM Location DMIS-ID is BLANK, Enrollment Status Code "U" or "Z" must not be reported.
- ² At enrollment into Prime, the MCS contractors upload DEERS with a "PCM Location Code" value "00" for MTF/Clinics PCMs or "01" for network PCMs. The MCS Contractors then download these codes at claims processing time and report them on HCSRs as "U" or "Z", accordingly.
- ³ If the beneficiary is not enrolled in Prime, the PCM Location DMIS-ID must be BLANK and Enrollment Status Code "U" or "Z" must not be reported.
- ⁴ The PCM Location DMIS-ID should be the same value as the "Enrollment DMIS-ID" on DEERS.
- ⁵ For active duty service member TRICARE Prime Remote enrollees in Regions 1, 2, and 5 only, the Enrollment Status Code will be "W". The PCM Location DMIS-ID will be 8XXX.
- ⁶ Active duty family members, nonactive duty family members, and retirees living either inside or outside the catchment area (TRICARE Prime Remote or non-TPR) in Regions 1, 2, and 5, will be reported on the HCSR with an Enrollment Status Code "U" and DMIS-ID 8XXX.

Chapter 2

Data Requirements

Data Element Definition

Element Name: PCM LOCATION DMIS-ID (Continued)

Code/Value Specifications The PCM Location DMIS-ID for MCS contractor networks (Enrollment Status Code "U") in Conus ranges from 6900 through 6912. *Enrollments performed at Regions 1, 2, and 5 have multiple CHCS sites and these PCM DMIS-IDs will be in the 8000 series instead of the 6900 series.* For Europe, the range is from 6913 through 6915. The PCM Location DMIS-ID for an MTF/Clinic PCM (Enrollment Status Code "Z" or "BB") will be a valid DMIS-ID provided in the DoD Catchment Area Directory, CAD. The PCM Location DMIS-ID must be BLANK for beneficiaries not enrolled TRICARE Prime.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate

N/A

Group

PCM Location DMIS-ID Code

Notes and Special Instructions:

- ¹ Required entry for all Prime enrollees, excluding TRICARE Prime Remote enrollees. This field is relationally edited with Enrollment Status Code Values "U" and "Z". If the Enrollment Status Code "U" or "Z" is reported to indicate a Prime enrollee, the PCM Location DMIS-ID must be populated as stated above in the Definition paragraph. Conversely, if the PCM Location DMIS-ID is BLANK, Enrollment Status Code "U" or "Z" must not be reported.
- ² At enrollment into Prime, the MCS contractors upload DEERS with a "PCM Location Code" value "00" for MTF/Clinics PCMs or "01" for network PCMs. The MCS Contractors then download these codes at claims processing time and report them on HCSRs as "U" or "Z", accordingly.
- ³ If the beneficiary is not enrolled in Prime, the PCM Location DMIS-ID must be BLANK and Enrollment Status Code "U" or "Z" must not be reported.
- ⁴ The PCM Location DMIS-ID should be the same value as the "Enrollment DMIS-ID" on DEERS.
- ⁵ For active duty service member TRICARE Prime Remote enrollees in Regions 1, 2, and 5 only, the Enrollment Status Code will be "W". The PCM Location DMIS-ID will be 8XXX.
- ⁶ Active duty family members, nonactive duty family members, and retirees living either inside or outside the catchment area (TRICARE Prime Remote or non-TPR) in Regions 1, 2, and 5, will be reported on the HCSR with an Enrollment Status Code "U" and DMIS-ID 8XXX.

Data Requirements

Data Element Definition

Element Name: NAS Exception Reason

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-180	1	Yes ¹
Non-Institutional	2-180	1	Yes ¹

Primary Picture (Format) Two (2) alphanumeric characters².

Definition Code that describes the reason for bypassing the requirement of a Nonavailability Statement (NAS).

Code/Value Specifications

Inpatient

All contractors are required to process for Nonavailability Statements for Inpatient Care

Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 **not required**)

- 1 Enrollment in an insurance plan that provides primary coverage
- 2 Emergency medical treatment
- 3 Inpatient care in a college infirmary
- 4 Inpatient care in an approved nursing facility
- 5 Residential Treatment Center
- 6 Partnerships/Resource Sharing
- 7 Specialized Treatment Facility, e.g., Alcohol Treatment Facility
- 8 Heart, Cadaver Donor, Liver transplant (Heart only after 7/15/96)
- 9 CHAMPUS Demonstration Projects that allow exception to NAS requirements

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.

Data Element Definition (Continued)

Element Name:	NAS Exception Reason (Continued)
Code/Value Specifications (Continued)	<p>A NAS not required for the first 3 days of routine care for a newborn of</p> <ol style="list-style-type: none"> 1. An active duty member; 2. A mother whose OHI does not cover the newborn; 3. An illegitimate child of an active duty sponsor. <p>B Former spouse with pre-existing condition, not on DEERS and NAS required.</p> <p>C Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.</p> <p>D Delivery in a free standing birthing center or hospital outpatient birthing room</p> <p>E Lung Transplant</p> <p>F Combined Liver-Kidney Transplant</p> <p>G Medically Inappropriate Waiver</p> <p>H Heart-Lung Transplant</p> <p>I TRICARE-Tidewater Drug Claim</p> <p>J TRICARE-Tidewater Preventative Care Claim</p> <p>K Continued Health Care Benefit Program (CHCBP)</p> <p>L Hospice</p> <p>M Abused Dependent</p> <p>O Living-Related Donor Liver Transplant</p> <p>P Hardship Waiver for STS</p> <p>Q Active Duty Claims</p>

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.

Data Requirements

Chapter 2

Data Element Definition (Continued)

Element Name: NAS Exception Reason (Continued)

The following is the order of precedence for NAS Exception Reason codes when a CHAMPUS beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.

Code/Value Specifications (Continued)	NAS Exception Reason		Description
	Order		
	1st	9	CHAMPUS Demonstration Projects
	2nd	8	Heart/Liver transplant
	3rd	E	Lung Transplant
	4th	F	Combined Liver-Kidney Transplant
	5th	2	Emergency medical treatment
	6th	1	Coverage by other insurance - See COM-FI Part Two, Chapter 3 (for FIs) or OPM Part Two, Chapter 3 (for Contractors)
	7th	3	Inpatient care in college infirmary
	8th	4	Inpatient care in approved nursing facility
	9th	5	Residential Treatment Center care
	10th	6	Partnerships
	11th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.

Data Requirements

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

Code/Value Specifications (Continued)	NAS Exception Reason		Description
	Order	Reason	
	12th	D	Delivery in a free standing birthing center or hospital outpatient birthing room
	13th	A	Routine care for newborn of an active duty member
	14th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	15th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	16th	L	Hospice
	17th	Q	Active Duty Claims
	18th	O	Living-Related Donor Liver Transplant

Outpatient

All FI/Contractors are required to process for Nonavailability Statements for Outpatient Care as defined in the Policy Manual, Chapter 11, Section 2.1

Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 **not required**)

- 1 Enrollment in an insurance plan that provides primary coverage
- 2 Emergency medical treatment
- 3 Care in a college infirmary

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.

Data Requirements

Chapter 2

Data Element Definition (Continued)

Element Name: NAS Exception Reason (Continued)

Code/Value Specifications (Continued)	NAS Exception Reason		Description
	Order		
	6	Partnerships/Resource Sharing	
	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility	
	Note: <i>An Outpatient Nonavailability Statement <u>is</u> required for the selected procedures when performed in an ambulatory surgery center.</i>		
	9	CHAMPUS Demonstration Projects that allow exception to NAS requirements	
	B	Former spouse with pre-existing condition, not on DEERS and NAS required.	
	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.	
	I	TRICARE-Tidewater Drug Claim	
	J	TRICARE-Tidewater Preventative Care Claim	
	K	Continued Health Care Benefit Program (CHCBP)	
	L	Hospice	
	Q	Active Duty Claims	
	The following is the order of precedence for NAS Exception Reason codes when a CHAMPUS beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.		

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.

Data Element Definition (Continued)

Element Name: NAS Exception Reason (Continued)			
Code/Value Specifications (Continued)	Order	NAS Exception Reason	Description
	1st	9	CHAMPUS Demonstration Projects
	2nd	2	Emergency medical treatment
	3rd	I	TRICARE-Tidewater Drug Claim
	4th	J	TRICARE-Tidewater Preventative Care Claim
	5th	1	Coverage by other insurance - See COM-FI Part Two, Chapter 3 (for FIs) or OPM Part Two, Chapter 3 (for Contractors)
	6th	3	Care in college infirmary
	7th	6	Partnerships/Resource Sharing
	8th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility or PFPWD facility, <u>other than an ambulatory surgery center</u>
	9th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	10th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.

Notes and Special Instructions:

¹ Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.

² When using single digit codes, left justify and blank.